

# BIOGRAPHICAL SKETCH

OF

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BY

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THE life of a good physician does not always furnish materials most available to the biographer. He may have practised long and successfully ; may have formed a large circle of deeply attached friends and patients ; may have been beloved and honored by the poor ; have gained the respect and esteem of every member of his own profession ; have added his fair proportion to the improvements of the day, in his science and his art ; and, in dying, left a whole community to deplore his loss, and feel, for the time, that his place could not be supplied ;—and yet leave behind him no materials from which a biography could be drawn up of deep interest beyond his own profession and the circle of patients among whom he moved. And such was John Kearny Rodgers. For thirty-five years was he known in the city of New York as the good physician ; every year gaining reputation as a practitioner, and esteem and affection with those among whom he practised ; gradually but surely building up a fame as a surgeon second to none in our country, and acquiring a position depending on his qualities as a man of sterling integrity and high honor, equalled by few and enviable by all.

It is men of this stamp who leave behind them the

regret that they have left no written memorial of what they have learned and what they have accomplished. And it always must be so. The practising physician who moves most among the sick, and is most esteemed during his lifetime, has little leisure to write. The labors of a long day in a large city, with the cares and anxieties caused by attendance upon numerous cases involving danger and often death, are no good preparation for the use of the pen at night. And every day do such men see and learn many things they would be glad to contribute to the common stock of their profession's knowledge; but it cannot be. They go on, day after day, and year after year, learning more and knowing more; until when they begin to feel that they have now somewhat mastered the difficulties of their science; have somewhat learned what to discard among rules of art handed down from ages, and what to retain; have even felt that they themselves have added something to the great professional treasury; they drop into the grave and carry all with them.

But I should not say all. Such men as Dr. Rodgers do leave behind them, although not in print, much to improve their profession. They have had many young men under their instruction who have drawn in, through daily intercourse, whatever was new or original in the mind of their preceptor. And in the constant intercommunion going on between a physician of high reputation and his co-laborers of the day, he is incessantly diffusing the light he himself has created. His ideas too, are taken up by men of more leisure than himself and incorporated into the medical literature of the day, and he as well as the author, is thus adding to the mass of knowledge which, year by year, is accumulated by our profession.

There were two such men, whom this train of thought

brings forcibly to recollection, who were at the zenith of their reputation when Dr. Rodgers was as yet but a student of medicine. They were the late Drs. Wright Post, and Samuel Borrowe. He was highly esteemed by them both, and from both derived much of the knowledge he afterwards made so available. They both were admirable physicians, and enjoying the highest confidence of a large circle of patients. They both were remarkable for *medical sagacity*; the promptness and clearness with which they seized upon the features of a case, which shewed its character; and the judgment with which they selected the appropriate treatment;—and yet neither of them left any written work to perpetuate their names. It is a melancholy pleasure to the writer, at this late day, to bear his testimony to the worth and excellence of these men of former days; for he, as well as Dr. Rodgers, looked up to them both with affection and reverence, and feels that he owes them a debt not to be repaid.

John Kearny Rodgers was born in the city of New York, October 18th, 1793. He was the eldest son of Dr. John R. B. Rodgers, and grandson of the Rev. John Rodgers, D.D., many years Pastor of the Wall street Presbyterian Church.

It is pleasing to look back to the progenitors of so excellent a man, when we can find that by inheritance even, he was entitled to the excellent disposition and great moral worth which were his characteristics.

“The family was of Scottish origin. They were among the colonists from Scotland who were induced by the English government to take up lands in Ulster, in the north of Ireland, and to assist in extirpating the ‘wilde Irish,’ at the time the city of London received from James I. the charter of Londonderry. The great-grandmother of Dr. J. K. Rodgers was quite a child in

after times when Londonderry was defended by Walker, in 1690, and retained through life a vivid recollection of the privations and horrors of that siege. Some time after that event, a large body of Presbyterians came to this country under the conduct of their Ministers, and settled Londonderry in New Hampshire; and in connection with that immigration, but at a later period, the father of John Rodgers, D.D., came out to this country. This last was born at Boston, August 5th, 1727. He was educated for the ministry and settled at St. George's, in Delaware, and married Elizabeth Bayard, the daughter of Col. Peter Bayard, of Cecil county, Maryland, September 19th, 1752. His memoir, written by his friend and colleague, Dr. Samuel Miller, gives the principal events of a life passed in quiet usefulness, chequered only by the vicissitudes of the Revolutionary war; and the volume owes most of its bulk and much of its interest (to Presbyterians, at least,) to the fact that he was a prominent clergyman of that church in this country; and that the early history of that church was very much identified with his labours.

“John R. B. Rodgers, the father of Dr. J. K. Rodgers, was born at St. George's in Delaware, December 28th, 1757. He went to school at Elizabethtown, New Jersey, and was a class-mate with Aaron Burr at school, and afterwards at College at Princeton, New Jersey, where he graduated in 1775. He was a pupil of Dr. Rush, and was employed by him during the commencement of his medical course, as an assistant in the organization of military hospitals, and in other services connected with the plans of Dr. Shippen and Dr. Rush. He afterwards became Surgeon of the 1st Pennsylvania regiment, and continued in the service to the close of the war. At the peace, he went to Europe, and after taking his medical degree at the University of



Edinburgh, he visited France, and returning, settled in New York. On the 5th July, 1790, he married Susannah R. Kearny, daughter of Ravaud Kearny, of Amboy, in New Jersey, of which union John Kearny Rodgers was the second child.

“The late Dr. Rodgers went to school in New York to Dr. Barry, lately deceased. He then went to Baskingridge in New Jersey, where the Rev. Robert Finley had established a classical academy of some reputation. At this place he was prepared for college, and entered Sophomore at Nassau Hall, Princeton, in the autumn of 1808. For some reason he was not a favourite of the President, Dr. Samuel Stanhope Smith, who, on one occasion, remarked to him, that he would never distinguish himself. To which he replied, smarting under the taunt, ‘The world shall see, Sir.’ In after life he often alluded to this incident as being the first stimulus his ambition ever received. His feeling of unmerited rebuke aroused his pride and furnished him with an incentive to industry, which, confirmed by habit and guided by good principles, never ceased to act during his whole life. He took his first degree at Princeton, in October 1811, and having chosen medicine as his profession, he became a pupil of the late Dr. Wright Post the following winter. He received his license to practise physic from the medical society of this city, in January 1816, and in the month of March following, graduated in medicine at the College of Physicians and Surgeons of the University of the State.”\*

Dr. Post, at that time and until his death, was the acknowledged head of his profession, the worthy preceptor of the worthy pupil. With Dr. Post our young

\* This history of the family was obtained from one of its members, and is given in his own words.

student soon gained the highest confidence, and by his assiduity and diligence became the favourite pupil. Following the example of so distinguished a master, he attached himself to Anatomy and Surgery as his special pursuits; and with such energy and success did he devote himself to these subjects, that, even before he graduated in medicine, he acted as Demonstrator of Anatomy to Dr. Post. He was looked up to by his fellow-students as far excelling all of them in the knowledge of Anatomy and skill in dissecting. To the Anatomical Theatre he devoted himself with untiring zeal and ability, making himself by constant experience familiar with all the manipulations required in preparing and dissecting subjects, as well as the preparation of either healthy or morbid specimens for preservation. Very early he began to collect a museum of Anatomy and Pathology, and in conjunction with Dr. Wagner and the writer of these lines, while still pupils, formed the nucleus of two collections. One of these, after it had become large and valuable, he presented during his lifetime to the College of Physicians and Surgeons of this city; and the other is deposited in the Obstetric collection of the same institution.

In 1815 he was appointed assistant house-surgeon to the New York Hospital, and six months afterwards the writer became an occupant of the same apartments in that establishment, as assistant house-physician. It was here that, living together and labouring together in a common cause, a friendship begun as students under the same master, was cemented by a bond which death alone dissolved.

As house-surgeon in the Hospital, an office which he filled in the following year, Dr. Rodgers first shewed the dawnings of that skill as a surgeon which eventually placed him among the very first of whom our country



can boast ; and it was here too, that in his attendance upon the poor inmates of a public hospital, first appeared that kind and considerate manner, that gentle but cheerful address, that so evident heartfelt interest in the well-doing of his patients which, in after life, made him so universally beloved by all who fell under his professional care. From the Governors and Superintendent down to the humblest official about the hospital, he was by all respected and beloved ; and no medical officer ever left the institution who had better done his duty there, or with more entire satisfaction to all the inmates.

In February, 1816, after thus honorably closing his duties as house-surgeon of the New York Hospital, he sailed for England ; and once more as a student in a new school and among new associates, drank deep at the fountains of knowledge now opened to him by such men as Haighton, Cline, Astley Cooper, Abernethy, Lawrence and Travers. In six months the writer followed him and again laboured with him in the same Hospitals, the same schools, and even the same apartments.

Here once more the devoted zeal of Dr. Rodgers soon attracted the attention of his teachers, and especially of Sir Astley Cooper ; and among the 400 pupils attending that great man's lectures in Guy's and St. Thomas' Hospitals, he soon became one of the most distinguished, and received constantly marks of attention of the most gratifying character. This eminent surgeon was at that time at the very zenith of his reputation, and was constantly performing at Guy's Hospital the most important and difficult operations, which were regularly witnessed by Dr. Rodgers ; and, among the rest, he saw him perform the wonderful operation of tying the Aorta.

Here he had constant access to the valuable museum of Anatomy of St. Thomas' Hospital, and from this source

as well as in the Dissecting-rooms of the same Hospital, where Mr. Green was the Demonstrator, he drew large stores of useful knowledge from the comparison of healthy and diseased organization. "There were giants in those days," and London then boasted of a constellation of medical men, both physicians and surgeons, teaching in the great schools of that metropolis, who have never been excelled, and hardly equalled since. And it was by following the teachings of these men that Dr. Rodgers laid the foundation of professional knowledge, upon which he afterwards built so well by his own observation in the extensive practice he eventually enjoyed.

It was at this period also, that his attention was first attracted to diseases of the eye as a favourite subject of study. When he left his own country to pursue medical study abroad, this class of diseases was very imperfectly, it may almost be said, not at all understood by American surgeons. The London Eye Infirmary had been founded by John Cunningham Saunders not many years before, and had then become firmly established, and had under its charge a very large number of patients. It was here that Dr. Rodgers, Dr. Edward Reynolds, of Boston, and the writer of these pages, first learned their own ignorance of these diseases, and seized the opportunity of studying a subject which opened to them so wide a field of usefulness. Mr. Saunders had died, but Mr. Travers, Sir William Lawrence, Dr. Farre and Mr. Tyrrell, were then the medical officers of the institution; with all of whom Dr. Rodgers became intimately acquainted, and from whom he constantly received the most flattering attentions.

"He had little inclination for and little time to devote to reading, while in London. He took copious notes of lectures and interesting cases, which, at night he

occupied himself with filling up. His grand aim, however, was to acquire experimentally, useful practical knowledge, for which purpose the senses of sight, hearing, and touch were brought into thorough and active operation."\* Before leaving London he passed his examination and received the license of the Royal College of Surgeons, in the year 1818.

After spending the spring and summer months in Paris, still devoting himself with untiring assiduity to professional study, he made a short tour on the continent in company with the writer, and in the month of October they both sailed for home.

While in Europe, he received from Dr. Post a proposal to become his Demonstrator of Anatomy, and immediately on his arrival, in the month of November, 1818, he commenced the duties of that office in the course of lectures which had already begun. Previously to this period no such office had existed in the College of Physicians and Surgeons, and it was established mainly for the purpose of securing for the College the valuable services of Dr. Rodgers, who, while a pupil, had shewn himself so admirable a *working* anatomist. This station he held a number of years and filled most acceptably both to Dr. Post and his classes, until his increasing practice and more attractive public duties obliged him to resign the office.

In the year 1820, the New York Eye Infirmary was established, and to the zeal, assiduity and success with which Dr. Rodgers laboured as one of the founders of this institution, may be attributed much of the reputation which afterwards carried him on so successfully through life. The novelty of the undertaking induced the founders to begin it on their own private responsibility, trusting that after demonstrating its usefulness, it would be taken

\* Dr. Sterling.

up and established by the liberality of the public. Accordingly, in the month of August, 1820, a small suite of apartments was taken, in Chatham street; and it soon became known that at these apartments all poor persons applying, with diseases of the eye, would be treated gratuitously. In the meantime, Dr. Wright Post, and Dr. Samuel Borrowe, had allowed their names to be used as Consulting Surgeons, and were at once a guarantee to the public of the respectability of the institution, and to the profession, that it was conducted according to strict rules of medical propriety. The number of patients who flocked to it, far exceeded the expectations of the founders; and they soon found that they had in charge an institution altogether too considerable to be supported by two young men just commencing their professional career. Accordingly, in the month of February, 1821, an appeal was made to the public in its behalf; liberal subscriptions were made, and a number of the most distinguished gentlemen of the city became Directors of the Infirmary, and its zealous supporters.

In 1822, the Infirmary was incorporated by Act of Legislature, becoming thus one of the permanent public charities of the city, and second to none in the regular systematic efforts which it has ever since made in relieving one class of the diseases suffered by the poor. It has, however, prospered more in the good it has been enabled to do, than in its financial condition. By practising the strictest economy, it has avoided the common error of public charities, and has kept out of debt. It owns a moderate building, adequate to its present wants, and free from incumbrance; but it has no fund for its support. It entirely depends upon an annual grant of \$1000, made by the Legislature, liable at any moment to be withdrawn; and upon this pittance it continues to

relieve the diseases of about 2000 patients, who apply every year.\*

In the year 1822, Dr. Rodgers was gratified in the first great object of his ambition, an appointment as one of the surgeons of the New York Hospital, and young as he was for so important a post, it gave general satisfaction to the profession. He now occupied a field where he constantly improved his knowledge and skill in his favourite pursuits, and it is believed that no other Surgeon of that Institution has more untiringly devoted himself to the care of the sick poor under his charge. As an operator, he soon attracted public attention; and his admirable knowledge of Anatomy did him good service in perfecting himself in this department of

\* The first officers and directors of the Institution, as named in the act of incorporation, were—

WILLIAM FEW,	PRESIDENT.
HENRY I. WYCKOFF,	FIRST VICE PRESIDENT.
JOHN HONE,	SECOND VICE PRESIDENT.
JOHN DELAFIELD, Jr.,	TREASURER.
JAMES I. JONES,	SECRETARY.
WRIGHT POST, M. D.,	} CONSULTING SURGEONS.
SAMUEL BORROWE, M. D.,	
EDWARD DELAFIELD, M. D.,	} SURGEONS.
J. KEARNY RODGERS, M. D.,	

#### DIRECTORS.

JAMES BOGGS,	JEROMUS JOHNSON,
NATHANIEL RICHARDS,	ISAAC COLLINS,
ISAAC PIERSON,	CORNELIUS HEYER,
WILLIAM HOWEL,	HENRY RANKIN,
BENJAMIN L. SWAN,	SAMUEL TOOKER,
WILLIAM HOWARD,	EDWARD W. LAIGHT,
HENRY BREVOORT, Jr.,	GIDEON LEE,
SAMUEL F. LAMBERT,	DAVID B. OGDEN.
JONATHAN M. WAINWRIGHT,	

About three years after the establishment of the New York Eye Infirmary, and at the suggestion of its founders, a similar institution was commenced in Boston, by Dr. Edward Reynolds, and Dr. John Jeffries; and a year or two afterwards, a third was founded in Philadelphia. They both have succeeded admirably, and have become valuable and stable institutions.



Surgery. No Surgeon of that Institution performed more operations within its walls, or with greater skill, during the long period of nearly thirty years that he belonged to it; and a reputation as one of the first Surgeons in America was there established, which increased every day during his life.

In the year 1823, the reputation he had already gained, caused him to be called to the Island of Curaçoa, in the West Indies, to perform an important operation. He remained there several months, and performed during that short period, many important and successful operations. "His career on the Island," says a friend, writing to me on this subject, "was successful to a most gratifying degree, not only with regard to the operation for which he was sent for, but also with other cases that there presented themselves. The novelty of a strange physician, and the prestige of his success in some severe operations, drew a crowd of poor persons, to whom he gave his services gratuitously. The Governor of the Island offered for that purpose some rooms in the Fort, and on his departure, issued a proclamation of thanks, which, in Dutch and English, was published in the Curaçoa newspapers by order of the authorities."

"SIR:—The humanity which, with so much readiness, you disinterestedly showed to a great number of poor indigent inhabitants of this Island, who for the purpose of obtaining their health, have made use and availed themselves of the aid and assistance which you were pleased, from your own inclination, to offer them, exacts from me, the Chief of this Colony, the warmest acknowledgment of thanks; even so your zeal and diligent abilities practised towards some most estimable and valuable inhabitants, and crowned with favourable success in such manner as to restore them to the circle of their useful occupations, for the good of themselves and the community at large, not less deserves my gratitude.

"I therefore, dear sir, offer you herewith my acknowledgment of thanks, for the important services and assistance which, during your stay in this Island, you so laudably and generously have offered to so many of its inhabitants, and in which you have displayed so much talent and experience in your noble profession.

"I embrace this opportunity to assure you of my high esteem, and have the honor to remain,

"CANTELAAR,

"Rear Admiral, Governor of Curaçoa and its dependencies.

"May 23rd, 1823."



Dr. Rodgers returned in July of the same year, and on the 6th October following, married Mary Ridgely Nicholson, a daughter of John R. Nicholson, of Baltimore. By this marriage he had six children, two sons and four daughters; all of whom survive but one very lovely young creature, who died in January, 1844, in the 18th year of her age, of consumption, the disease which had previously carried off her mother.

He was married a second time, in 1847, to Miss Emily Hosack, daughter of the late Dr. Hosack, of this city, whose celebrity as a physician has not been exceeded by any other medical man in our country. Two more daughters were added to his family by this marriage, and he has left them behind at an age so young that they will never be conscious how excellent a father they have lost.

But the history of his surgical life has more interest to the members of this Academy than his domestic relations, and to this I return as a theme which well deserves to be dwelt upon.

“It generally happens,” says an author who wrote centuries ago, “that when men of small ambition are very early distinguished by the voice of fame, their thirst of honor is soon quenched and their desires satisfied; whereas, deep and solid minds are improved and brightened by marks of distinction, which serve as a brisk gale, to drive them forward in the pursuit of glory. They do not so much think that they have received a reward, as that they have given a pledge, which would make them blush to fall short of the expectations of the public; and therefore they endeavour, by their actions, to exceed them.”

And such was our friend. He was indeed early distinguished, but “always endeavouring to excel himself, and meditating some exploit which might set him in a

new light, adding achievement to achievement," and never ceasing to improve.

His ambition was to be, not merely *one* of the first, but *the first* surgeon of our country, and if he did not excel all others, who among us has excelled him? That his surgical career was most brilliant none will deny; and he did at last arrive at one great object of every surgeon's ambition, the successful performance of a great and difficult operation, which had been attempted before by the greatest masters of his art, but without success. And as this operation was the crowning act of his surgical life; his last greatest effort of professional skill, I have thought it just here to introduce the case at large.

"Michael Larman, a German, aet. 42, was admitted into the New York Hospital, Sept. 13th, 1845, with aneurism of the subclavian artery. He had suffered pain in the arm for several months, but about four weeks previously to admission, while carrying a heavy weight on his left shoulder, he was suddenly seized with severe pain in the shoulder and arm, and then for the first time, observed a swelling above the left clavicle, about the size of a pullet's egg. The tumour was found to pulsate strongly, and to rise about two inches above the bone. It extended externally to the outer third of the clavicle, and internally was covered by the outer edge of the sternocleido-mastoid muscle. The patient complained of severe pain in the axilla, running down the arm. He could not sleep at night on account of the pain, and his general health had materially suffered. The arm and hand were much swollen. A palliative treatment was adopted during about a month, in which time the tumor increased in size and passed more under the mastoid muscle.

"The artery was tied on the 14th October, in the presence of a very large assemblage of spectators. An incision was made,  $3\frac{1}{2}$  inches in length, on the inner edge

of the sterno-mastoid, terminating at the sternum, and from this another was carried along the clavicle  $2\frac{1}{2}$  inches. The flap being raised, the dissection was carefully carried down so as to expose the surface of the scalenus muscle half an inch above its insertion. Pressing the soft parts inwards and working with the fingers and the handle of the knife with great care and gentleness, to avoid injuring the deep jugular vein and the thoracic duct, the artery was easily arrived at. Great care was now necessary to detach the artery and avoid danger to the pleura and thoracic duct. To pass the ligature, after an unsuccessful trial of Sir P. Crampton's needle, the one invented by Drs. Parrish, Hewson, and Harts-horn, of Philadelphia, was finally employed. 'This part of the operation,' says Dr. Rodgers, 'it will be imagined, was not very readily accomplished. The great depth of the vessel (nearly the length of my forefinger), and narrowness of the wound, prevented a very easy management of instruments. The point was introduced under the artery and soon directed upward, so as to avoid injury to the pleura. The needle carrying the ligature, was now detached from the shaft of the instrument and drawn upward so as to include the artery. I readily tied the ligature and tightened it with the forefingers at the bottom of the wound. All pulsation ceased in the aneurism and the arteries of the extremity.'

"The patient complained of no unusual feeling in the head after the application of the ligature, and indeed from that time, with the exception of a trifling erysipelas around the wound, no unusual or unfavourable symptom showed itself until the 13th day, when a free arterial hemorrhage occurred from the wound, which pressure controlled, after the loss of about 20 oz. of blood. Bleeding again occurred on the same day, when the patient was raised up to drink. Pressure was made sys-

tematically by sponges, compresses and bandaging, and no farther considerable external hemorrhage took place, though the blood was forcing its way into the tissues around the wound, giving rise to great swelling of the neck, and pressing on the œsophagus, interfered with the process of swallowing. The strength gradually gave way, and the patient died on the evening of the 15th day from the operation.

“ The P. M. examination showed the tissues of the neck around the wound very much infiltrated with blood. Through the pleura, which formed the bottom of the wound, the blood had forced its way by a recent rent, and the cavity of the left pleura contained an enormous coagulum, pressing upon and displacing downward the lung. The artery itself was found to have been tied about  $1\frac{1}{4}$  inches from the heart, and was completely divided by the ligature which was loose in the wound. The stump of the subclavian presented the appearance of a round, solid cord, impervious to liquids and air. On laying open the vessel longitudinally, a firm, fibrinous coagulum occupied its cavity, and was firmly adherent to its inner membrane for three quarters of an inch from the ligature. Beyond the ligature, nothing but a soft coagulum was found in the vessel. The vertebral was given off just at the point of ligature, and was open, containing a soft, recent coagulum. One-third of an inch from the vertebral, came off the thyroid axis, and nearly opposite the vertebral was the internal mammary. These vessels were all patulous. About half an inch from the thyroid axis commenced the aneurismal dilatation. The tumor was of the size of a small orange, and was completely blocked up with coagula, and the axillary artery emerging from its distal side was obliterated for a considerable distance. The thoracic duct, which had been injected with wax from the abdomen, was uninjured. The heart was large.

Slight atheroma of the aorta. Other organs not examined."

This remarkable operation was justly considered as entitling Dr. Rodgers to the merit of having excelled all his competitors in this difficult branch of surgery, and those who witnessed it, well remember the intense interest excited by it in the whole profession of our city. The first operation in this country, on a large artery for aneurism, was performed in the New York Hospital by Dr. Post, on the carotid artery, while Dr. Rodgers was his pupil. That operation also was witnessed by the writer, and created as great a sensation then, nearly forty years ago, as did this now, after so many kindred ones had been performed throughout the world. The pupil finished what the master began, and nothing more is left for the surgeon to do in this branch of surgery which these two have not done before.\*

A striking feature in the professional character of Dr. Rodgers was strict integrity, in the fullest meaning of the word. His patients were always sure of obtaining his opinion of their cases with perfect frankness. He made no flattering promises in doubtful cases, and especially

\* Dr. Rodgers wrote so little for the journals, that it is not possible to collect any systematic account of the improvements he made or suggested in surgery. But since the reading of this memoir, I have found one published in a New York journal, of sufficient importance to be recorded.

The want of success which had attended all the known methods of managing ununited fractures, has caused various operations to be devised for the cure of such cases. The following case, taken from the New York Medical and Physical Journal, vol. 6th, page 52, describes a method of operating devised and first practised by Dr. Rodgers, and the most successful now in use.

George Westerfield, aged 15 years, was admitted into the New York Hospital, July 25th, 1827, with an ununited fracture of the right os brachii, about two inches above the elbow joint. The accident occurred in June, 1824. In June, 1825, a seton was passed between the ends of the bones; but no union followed. In June, 1826, this operation was repeated, and the seton retained six months, but again without success.

Mr. White's plan of sawing off the ends of the bone and reducing the injury to the state of a recent compound fracture, appearing to Dr. Rodgers the only method which then promised success, he performed the operation on the 31st of July, fol-



avoided surgical operations whose necessity and advantage were not fully apparent. He adopted literally and faithfully the maxim of his great master in surgery, Sir Astley Cooper,—“Never to perform an operation upon another which, under like circumstances, he would not have had performed upon himself.” Nor did he, like too many others who rank high as surgical operators, ever operate upon a case which he considered not a proper subject for the knife, merely because the patient wished it. If there be a reprehensible practice among us, it is this; and sad it is to hear men of undoubted skill and general fair fame, justifying themselves, when detailing operations in cases where no probability of success existed, by this very plea. It certainly should be the surgeon’s own judgment which should decide such a case, not the patient’s wishes; for, much as a person may desire an operation, he trusts at last that the surgeon will not perform it if he do not have good hope thereby to save his patient’s health or life. Dr. Rodgers was decided in his opinions and practice in this matter, and never yielded to the temptation his great operative skill put in his way of operating for his own sake, not his patient’s. He thought with Hunter, that “when the sur-

lowing. But after the operation was completed, it was found impossible to keep the ends of the bones in apposition; they soon regaining their former bearings, an inch and a half asunder.

“Apprehensive that I should be foiled,” says Dr. R., “if the bones were thus far apart, I drilled a small hole through the shell of each end to the medullary cavity. Through these holes a wire was passed, and the ends of the bones retained in coaptation. The ends of the wire were drawn through a canula which remained in the wound. The wound was dressed with adhesive straps and covered with lint, and the arm placed on a right-angled splint, properly hollowed out.”

“Oct. 8th, sixty-nine days after the operation, I was gratified to find that the bone had united.”

Dec. 3rd. The patient was presented to the clinical class, with every motion of the arm perfectly regained.”

The operation has since been perfectly successful, as repeated by Dr. Mott and Dr. Cheesman, and in several other instances by Dr. Rodgers himself. It has now become one of the established resources of surgery.



geon takes up his knife he lays down his science," and left no appropriate surgical means untried before he resorted to operation.

There was one disease especially in which he took strong ground in opposition to the every-day practice of surgeons,—Cancer of the female breast. We all know how rarely operation is successful in this disease. He early doubted of its propriety in any case, and one of the first subjects which deeply engaged his attention was the propriety of the operation in any case of this disease. He lost no opportunity of conversing with every surgeon he met with, on his experience in such cases, and corresponded with many of the first operators in Europe and our own country on the same subject. He very soon adopted the opinion firmly, that the operation, if performed at all, should be the exception, not the rule; and almost reached the result at last, that it was never justifiable in true Scirrhus. Among those whom he advised with on this subject, was Mr. Travers, whose letter, going deeply into this matter, as well as referring to the great operation on the subclavian artery, is here given. It was in answer to one from Dr. Rodgers, detailing that case, and making the enquiry whether, as some alleged, the operation had ever been performed previously by any other surgeon. Mr. Travers' letter is decisive on this point, and leaves Dr. Rodgers alone entitled to the reputation of having actually performed the operation, whatever others may have attempted.

[Mr. Travers to Dr. Rodgers.]

"MY DEAR SIR:—Indeed I recollect you with pride and pleasure, and have often and always rejoiced to hear of your high reputation and extensive usefulness, as creditable to my foresight, from the judgment I had formed of your character, if not in some small degree also to my instructions and example, as contributing to its formation and establishment. But I cannot indulge my self-love with the gratification of thinking that I am entitled to so large a share of your fame as your kind partiality would award me.

I congratulate you on the accomplishment of the ligature of the subclavian, on

the inner side of the sealenus. I know of no other authenticated case. I was present at the operation of Sir A. Cooper, in 1809, and wrote the short and only notice of it in the 'Intelligence' of the 7th of Nov. of the 'London Medical Review,' of which I was surgical editor. At that time of day, the problem was to tie the artery *at all*; certainly it would have been thought triumph sufficient to have secured it at the farthest point from the heart where it was accessible, and the steps described are, as you say, quite evidence to show that it was at the usual place, viz: after emerging from the sealeni, that the operator designed to pass his ligature. The paragraph above mentioned concluded with the statement that the artery had *never* been tied above the clavicle, *i. e.*, the subclavian properly so called. At that period, I was conversant enough with surgical records to have been reputable authority, I suspect, on the points of history. The state of the vessel in your case, on the 15th day, is very important and interesting, to prove the capability of nature, as well as art's craft, to carry out the intention of the surgeon, *i. e.*, to complete the obliteration of a primary trunk, so near the centre of the circulation.

Referring to your second topic, I do not hesitate to state my acquiescence, and that of the most intelligent and experienced of any standing, in your views of the inefficacy of the extirpation of genuine, well-marked cancerous tumors, and I believe I should be warranted in saying, that of twenty cases which would, twenty years ago, have been operated on by verdict of a consultation, not five, or not more, would now be subjected to it by the consent of the surgeons. But exceptions, seeming or real, occur, which, in very favourable circumstances, as time of life, and general health, with local advantages, as recent appearance, small bulk, perfect mobility, and freedom from all sign of contamination, cutaneous or glandular, together with the patient's firmness of mind, and ready consent or even desire to take the chance of success rather than forfeit it,—still lead the best-informed to recommend rather than dissuade, though never to urge it, unqualifiedly or sanguinely, as in former times. I think this is the present state of the professional mind on the subject, and that it is due to the fact, that every man, taxing his experience, can call to mind some few instances in which the patient has survived the operation for some years, without a re-appearance of *external disease*. I have said 'seeming or real,' because these few favoured cases may possibly (or rather probably) have belonged to the former class, and thus the fallibility of the surgeon's diagnosis may explain the favourable results without admitting any real exceptions in contradiction to what the preponderance of unfavourable results, and all that we see and know of the pathology of morbid poisons and their phenomena would lead us to expect. I believe that the patients whose lives are prolonged, will be found, on post mortem inspection, to be the subjects, if not the victims, of the chronic disease in other, viz. visceral textures of the body, provided that the case was a *real* one. Farther; that cases of unabsorbable tumors of a strumous character, such as more frequently affect the deep-seated, conglobate glands of the neck, have been reported and removed as scirrhus cancer, many, many times, and that when doubts have existed in the surgeon's mind, as to their real nature, the operation has been done advisedly and wisely, under the belief that, as life advanced, the cancerous virus would be secreted in these permanent, semi-organized deposits. But with this allowance for the *exceptions*, the admission that some (and one is as good as ten for the argument) have not re-appeared during a survival of ten, fifteen or twenty years, when no doubt of the character of the tumor had existed in the minds of eminent

pathologists, and the patient has been carried off by some casual malady, must be granted. I have seen such. The great question comes to be considered,—Is the scirrhus cancer always preceded by a morbid change in the circulating blood, and of the nature of a deposit in the peculiar localities which it affects; or is it a *local* change in the nutrient or conservative circulation, incidental to time of life, to texture or function of the organ affected, or to injury; the part itself generating or being the exclusive laboratory of the poison, which is, in process of time, absorbed into the veins and impregnates the entire system? On the answer to this question depends, as it seems to me, that of the propriety of the operation in any circumstances, even the least favourable, the assumption being granted that we are speaking of *really malignant or scirrhus cancer*. There are grounds for believing that in some cases the latter is the true theory, and that the poison is a production of the part. Perhaps the strongest is the origin from local irritation or violence done to it, a real, but a rare case; its selection of particular textures is of less though some weight. 2nd. The perfect freedom from any perceptible derangement of previous, or even present health, in any function of the body. 3rd. Its insulated character and remote position in its commencement, and the absence of any sign of lymphatic or nervous affection in its first stage, the hardness and sparing vascularity of the tubercle, its investment by a cyst from which it derives its small supply of vessels, its process of change, softening in the centre, and from that period and not before, the contamination of neighbouring textures and the change in the lymphatic vessels and glands, together with the addition of morbid sensation or pain, though occasional and transient only—then and after, sooner or later, the constitutional irritation denoting the imbibition and diffusion of the poison. How unlike is all this to the soft cancer, by which term I include all the varieties of the medullary species! But there are cases so analogous to this last, and seeming in character so to play upon its confines, that, on several occasions, I have seen operations on middle-aged and previously healthy women followed by complete and permanent recovery, to the astonishment of all who had seen them, and about which, therefore, it was impossible to form any other conclusion than that they were scrofulous, not cancerous growths or disorganizations. These were tumors of extraordinary magnitude, and of elastic, not stony firmness, presenting on section an uddery base, with cysts and deposits exhibiting the various stages of softening and supuration. Again, there is undoubtedly an innocent or hydatid cyst, attaining great bulk and rotundity, marked by lightness disproportioned to its bulk, perfect mobility as if pendant from a stalk, without other inconvenience than from size—no glandular affections, often, indeed generally, much discoloration from turgid cutaneous veins, and dropping out en masse on a free section,—others malignant, in which the scirrhus hardness of the septa and mammary structure, resembling some forms of multilocular, ovarian cystic tumors; the color and consistence of the fluid secretion of the cysts, but especially the berry-like and fimbriated production of their interior surfaces, their enormous excrecential growth, when wounded or opened by ulceration, cauliflower fungi overlapping the surrounding tegument and bleeding continually at dressing; these are malignant and seem to be hybrid or a fusion of the varieties of the scirrhus and medullary cancer in the same morbid degeneration.

To conclude, for I must have exhausted your patience, I should say that our diagnosis is not yet so assured and comprehensive as to pronounce in certain cases against operation, that these are not only varieties, but abnormal and rarely seen,

and that the age, constitution, health, and attending symptoms, will and ought to influence our decision most materially, either for or against the knife.

But the common and well known case of 'cancer mamma' can never be pronounced curable by removal, and must be regarded as a transfer, not an extinction of the morbid poison, or a temporary arrest of a local action by a change of surface or kind, at the risk of other disease sooner or later contingent and consequent upon it, as a pulmonary effusion, or a scirrhus tubercle of the liver; and the cases therefore which are unambiguous in their character, and especially such as are advanced the length of glandular or cutaneous contamination, are not warranted subjects for operation.

Adieu, my dear Sir. I very seldom touch now upon these subjects. Your letter has roused my interest afresh. You are welcome to any use you please of this yarn, for 'auld lang syne's' sake. With every kind and good wish, I remain,

Sincerely yours,

B. TRAVERS."

It is hardly necessary farther to illustrate the great professional skill of the subject of our memoir. He was so well known to every member of this Academy,—his operations, in public and in private, had been witnessed by so many, that his praise was in every mouth, and will be long remembered by all who hear me, without any written memorial.

Nor was the excellence of his personal character less widely known and appreciated. No instance has ever occurred where a professional man has died in this city whose loss was more universally deplored. For days the press teemed with it, and not a single journal of any character failed to give its testimony of the high estimation in which he had been held. In the language of one of them, "Of sterling integrity, of a noble and generous mind, tender and sympathising, sincere and earnest, he won friends only to make them enduring."

But, as said the preacher over his last mortal remains, "We have come hither to bury our dead." The Academy has called upon me to present this memorial of one who is no longer one of its members; who was—and is not. In the prime of life; at the very zenith of his fame; at the very moment when he had reached a

degree of eminence which left him nothing higher to aspire to, he was cut off.

He died on the 10th of November, 1851, of a very rare disease, Inflammation of the veins of the portal system.

On the 10th of October, he first began slightly to complain of illness, although not sufficient to prevent his usual attention to professional business. In the evening, he sent for his friend and former pupil, Dr. Dubois. He found him complaining of a muddy feeling across the forehead, of nausea, with slight vomiting of bilious matter, and of slight colic-like pain in the abdomen. His skin was rather feverish and his pulse about 100 in the minute. The next day he continued somewhat feverish, complained of inward heat, which he referred to the epigastric region, and about this time began to experience slight chills. His skin soon became sallow, and, the color rapidly increasing, in a few days he was completely jaundiced. But the most urgent and marked symptom was the occurrence of chills, returning without regularity, sometimes three or four in a day; followed by increased heat, which soon terminated in profuse perspiration.\* These symptoms continued with varying intensity until the 6th of November;—frequently recurring chills, which gradually became somewhat regularly periodical, followed by heat and perspiration, were his only symptoms. There was no complaint of pain, nor of tenderness on pressure any where, and, especially over the region of the liver, which was carefully examined. Every part of the abdomen was carefully explored, again and again, but no evidence of any local disease could be detected.

\* About a week after the first symptoms of illness the writer of this sketch was summoned to the case. In a few days the character of the disease was so threatening that its danger was communicated to the family, who requested Dr. Swett to be added to the consultation. The account of the case is an abstract of that published by Dr. Swett, in the *Medical Times* of January, 1852.



On the 6th November, the chills entirely ceased ; but in the evening he became much prostrated,—there was some vomiting ; the abdomen was becoming tympanitic, and he showed still increasing evidences of exhaustion. Still there was no abdominal pain nor tenderness. The tendency to sinking continued during the night, and on the morning of the 7th November he was decidedly worse. His pulse was feeble and irregular, his skin was inclined to be cold, his features were altered, and he vomited at times. Still his intellect was perfectly clear, his manner composed and tranquil, and he experienced no abdominal pain nor tenderness, although the tympanites continued.

The next day he rallied a little, and some little hope was again felt that he might recover. But now, for the first time, he complained of pain in the right side of the abdomen, which was relieved by pressure. He continued, on the following day (the 9th November), gradually to become more feeble, but without any complaint. He gave his oft-repeated answer, “I am perfectly comfortable.” But about the middle of the day the mind began to wander, and a tendency to restlessness came on, with hiccup. A severe attack of abdominal pain ensued. The abdomen became more distended, and felt very hard on pressure, which, however, produced no decided pain. During the evening he gradually sank, and died in the night.

“On post mortem examination, all the evidences of general peritonitis existed. Lymph and sero-purulent matter was effused in the peritoneal cavity. There was but little lymph effused on the surface of the liver or of the spleen, and none upon the surface of the stomach. The liver was not enlarged. It was of a dark and rather greenish hue, and somewhat flabby. The portal vein was hard and firm, and when examined was found filled



with lymph, partly firm, partly broken down into a grumous detritus. The branches of this vein, as they ramified through the liver, were filled with healthy pus. The hepatic veins were not affected. The substance of the liver was also quite healthy. The mesenteric vein, supplying the small intestines, was also filled with pus, and the mesentery itself was much thickened, and its cellular tissue contained numerous collections of pus. The other abdominal organs were healthy."

Such was the insidious disease which removed from this world one of the brightest ornaments of our profession. Now that he is gone, and with melancholy pleasure we have dwelt upon his excellencies and his professional eminence, a still more important question arises, both to us and to him. What was the character of his life and death in this world, as preparing him for another life in another and an eternal world. Let us answer in the words of another,\* who had watched over the welfare of his soul, while we struggled to save the life of the body.

"But above all, how stood the soul, the spiritual occupant of the tabernacle, as it witnessed the taking down of one part after another of the tent in which it dwelt? How did it look forth for the last time from its windows, until they were darkened, upon the familiar objects which had ministered to its pleasures and occupied its thoughts and labors so many years? How did it contemplate its critical change? What did it think of its destination? What solitudes, what hopes and fears, what agitations did then disturb or soothe it?

"My friends, it becomes me to lift the curtain of his last hours, and to give you here a glimpse, at least, of that hidden life of the soul which revealed itself during his con-

\* The Rev. Dr. Potts.

test with disease. To others I leave the question of the nature and workings of the subtle miner, who, out of sight, carried his approaches up into the very citadel of the corporeal life. It is of the higher life I speak, when I say that its diseases were not mortal ; that we saw how rapidly it was undergoing the cure of the Great Physician, and how tokens of the approach of complete and indestructible health increased steadily, until the sanctifying Spirit of God finished his work as the last blow was struck by the removal of a body which oppressed its functions. As the outward man perished, we saw the inward man renewed, day by day. From the first day when our friend and brother laid himself down upon the bed from which he was not destined to rise, and at a time when he had no idea his last attack had come, he expressed with directness and simplicity, his faith and hope,—and left us not in doubt that he had within him ‘the peace of God which passeth understanding.’

“Through his illness, and as the last of earth appeared to his eyes,—when he felt that the golden bowl was breaking,—here at the Cross, symbol at once of his sinfulness and his deliverance from sin, he laid his burden down, saying, ‘I am happy,’ ‘I am at peace.’ Having uttered these and similar assurances, he literally departed as one who falls asleep.